

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 576532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.		DEP.	
1	1							
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48		1						
49		1						
50		1						
TOTAL IND.	1							
TOTAL DEP.	14							
TOTAL CLAIMS	15							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.		DEP.	
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TOTAL IND.								
TOTAL DEP.								
TOTAL REP.								
TOTAL CLAIMS								